

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99832 Office of Registrar of Vital Statistics. Ward 8<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 17 89.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward McDermott.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 2 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 49 Green St

Cause of Death, { First (Primary), Second (Immediate), } Marasmus  
Exhaustion

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 18<sup>th</sup> 1889

Undertaker, Henry L. Meares J. H. Robinson M. D. Medical Attendant.

Place of Business, 443 E. Fayette St Address, 725 Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99833 Office of Registrar of Vital Statistics. Ward 13<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 17<sup>th</sup> 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Axman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 9 Months, — Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 234 Parkin, St.

Cause of Death, { First (Primary), Second (Immediate), } Congestion of Brain  
Convulsions

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 18<sup>th</sup> 1884

{ Undertaker, Georg Leimbach H. H. Weber M. D.  
} Place of Business, W. Pratt St. Address, 814 N. Lombard St.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99834 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 16<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ma J O'Neill

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 31 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life - since 1872

Place of Death, { Give Street and Number. } 1008 Lafayette Ave

Cause of Death, { First (Primary), Second (Immediate), } Valvular Heart Disease  
with General Dropsy

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 18<sup>th</sup> 1887

{ Undertaker, J. E. Hough } W. H. D. M. D.

{ Place of Business, Penn - ave Address, 319 W. Calver St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99835 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 16<sup>th</sup>, 1887

Full Name of Deceased, August Samuel Sauerwein  
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 32 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, Married  
{ Cross out the words not required in this line. }

Occupation, Shoemaker

Birth Place, Germany  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 6 years

Place of Death, No. 1814 Steuanna St  
{ Give Street and Number. }

Cause of Death, Tuberculosis  
{ First (Primary), \_\_\_\_\_  
Second (Immediate), \_\_\_\_\_ }

Duration of Last Sickness, 6 days  
All the above information should be furnished by the Physician.

Place of Burial, St. Carmel Cemetery

Date of Burial, May 18<sup>th</sup> 1887

{ Undertaker, John E. Schuch Medical Attendant, \_\_\_\_\_  
Place of Business, 1735 Alameda St Address, 111 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99836 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 16 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank R. Shirell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 Years, 6 Months, — Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1808 Etting St.

Cause of Death, { First (Primary), Second (Immediate), } Enteritis

Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery

Date of Burial, May 17 1887

Undertaker, Hercules Bros

Place of Business, 44 E. Pratt St.

J. H. Roberson M. D.

Medical Attendant.

Address, 135 Gummel Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99837 Office of Registrar of Vital Statistics. Ward 4<sup>12</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 16<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie A. Brune

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 17 Years, 2 Months, 4 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give Street and Number. } 1021 E. Fayette St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis  
Exhaustion

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 18<sup>th</sup> 1887

Undertaker, H. W. Woods C. P. Jones M. D.  
Medical Attendant.

Place of Business, 1021 E Fayette Address, 1835 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

99838

Office of Registrar of Vital Statistics.

Ward

6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 16 1887

Full Name of Deceased, Frank Parker

Sex, Male or Female, Male

Age, 35 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, Single

Occupation, Genl. Med.

Birth Place, State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 122 Madison St.

Cause of Death, Morbus Brightii  
Acute and Chronic  
Three mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 17 1887

Undertaker, John S. Grace

Place of Business, 313 S. E. 1st St.

C. G. Luck M. D.

Medical Attendant.

Address, 2000 S. E. 1st St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99839 Office of Registrar of Vital Statistics.

Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 16<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harmon H. Roeker

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 58 Years, 5 Months,        Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Saloonkeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, { Give Street and Number. } 755 Columbia Ave

Cause of Death, { First (Primary), Second (Immediate), } Acute Gastritis  
Asphyxia

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, May 18<sup>th</sup> 1887

{ Undertaker, Ph. J. Hill & son } Geo R Graham M. D. Medical Attendant.

{ Place of Business, 746 Columbia Ave } Address, 725 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99840 Office of Registrar of Vital Statistics.

Ward 16<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 16. 1887 (Hottelwell)

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. A. Kitterwell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Blank

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } 649 Columbia Ave

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis 15 years  
Bright's Aneur Kidneys 3 years

Duration of Last Sickness, 15 years

All the above information should be furnished by the Physician.

Place of Burial, Lordan Park

Date of Burial, May 18th 1887

Undertaker, J. Lewis Schaefer Thermond Smith M. D.

Medical Attendant.

Place of Business, 316 N. Hancock Address, 578. Hancock St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 16<sup>th</sup> 1887.  
 Full Name of Deceased, Aaron Stern  
 Sex, Male  
 Age, 5 years 5 months  
 Color, White  
 Married, Single, Widow or Widower, None  
 Occupation, Baltimore City Md  
 Birthplace, 5<sup>th</sup> house  
 Duration of Residence in the City of Baltimore, 808 S Greene St  
 Place of Death, Premature Birth  
 Cause of Death, First (Primary),  
 Second (Immediate),

Duration of Last Sickness,  
 All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom  
 Date of Burial, May 17<sup>th</sup>  
 Undertaker, Evans + Spencer  
 Place of Business, 1000 E Balto, St

J Edward Kirby M. D.  
 Medical Attendant.

Address 645 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]